

**Republican Leader Michael C. Burgess, M.D.**  
**Energy & Commerce Health Subcommittee**  
**Strengthening Our Health Care System: Legislation to Lower Consumer**  
**Costs and Expand Access**  
**March 6, 2019**  
*As Prepared for Delivery*

Thank you, Chairwoman Eshoo. Today, we are convened to discuss, according to the title of this hearing, “legislation to lower consumer costs and expand access” to health care. Alas, the legislation that my friends on the other side of the dais have put before us today is once again disappointing. I do believe that there are some areas here where we could have worked together, particularly on the issue of reinsurance, but there was little effort to work in a bipartisan way on this issue.

Republicans have strongly supported reinsurance when coupled with additional structural reforms to improve health care markets and have led efforts to establish a patient and state stability fund to provide states with the funding and flexibility they need to successfully set up and implement cost-reduction programs. While I see that much of this language may be similar to that which we have supported before, there are some critical provisions that are missing from the text.

The benefits of a smart and thorough reinsurance policy would allow states to repair markets damaged by the Affordable Care Act, while honoring federalism. Unfortunately, the bill before us today is particularly restrictive and does not provide states with adequate flexibility to use the funds. The bill also fails to include critical and long-standing life protections that exist in current law.

I have introduced a bill that includes a responsible reinsurance policy that enables states to use funds for a wide range of initiatives, from helping high-risk individuals enroll in coverage, to promoting access to preventive services, to providing maternity coverage and newborn care. It is important to mention that my bill also includes Hyde protections.

Next, I would like to turn to the issue of navigators. As a physician, a Member of Congress, and as your average Joe consumer, I like to base my decisions on evidence-based research. I found it interesting as I read the Democrats' memo, that they are trying to sell us this legislation to increase funding for navigators, without outlining the impact that navigators have had in enrolling individuals. Navigators are not a new phenomenon, and we have sufficient data to show that they have been minimally effective.

The Centers for Medicare and Medicaid found that during the plan year 2018 Open Enrollment period, Navigators received \$36 million, but enrolled less than one percent of the fee for service enrollment population. In 2017, when Navigators received a larger sum of grant funding, \$63 million, they still only enrolled less than one percent. CMS data show that agents and brokers helped with 42 percent of the fee for service enrollment for plan year 2018. This was substantially more cost effective than Navigators, as agents and brokers only cost \$2.40 per enrollee. Why buy a faulty product when there's a better one on the market? Especially when, under this bill, an individual would be essentially forced into an ACA plan as navigators not required to be knowledgeable on alternative forms of coverage, such as short-term limited duration and association health plans.

The final bill before us today would provide \$200 million to create state exchanges, which is another effort that has previously been proven to be a remarkable waste of taxpayer dollars. Seventeen states spent a total of \$4.5 billion to establish exchanges, many of which failed. The Subcommittee on Oversight and Investigations released a detailed report in 2016 that found that CMS was not confident that the remaining state-based exchanges will be sustainable in the long term. Additionally, it found that only one state had complied with the Affordable

Care Act's requirement that all state-based exchanges publicly publish costs related to its operations.

Again, I find it disappointing that not only do any of these bills adequately address the affordability of health insurance. I am also disappointed that our friends on the other side of the aisle made only one attempt to work on reinsurance and no attempts to even discuss the other two bills. Bipartisanship means asking for my input, not my vote. I yield back.